



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAVINST 1754.3
PERS-66
29 Apr 04

OPNAV INSTRUCTION 1754.3

From: Chief of Naval Operations

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION
PROGRAM

Ref: (a) DODI 1342.22 of 30 Dec 92
(b) SECNAVINST 1754.1A
(c) NAVPERS 175400A, Fleet and Family Support Program
(FFSP) Accreditation Handbook
(d) NAVPERS 175401A, Fleet and Family Support Program
(FFSP) Accreditation Team Management Guide

Encl: (1) Fleet and Family Support Program (FFSP) Accreditation
Standards
(2) Fleet and Family Support Program (FFSP) Accreditation
Program Advisory Council (APAC) Operating Charter

1. Purpose. To implement the Fleet and Family Support Program (FFSP) Accreditation Program as required by references (a) and (b) and to provide the standards and procedural guidance to be used.

2. Background. Reference (a) requires a triennial inspection of all FFSPs. Reference (b) authorizes Navy to use an accreditation process in lieu of inspection. FFSPs which meet all accreditation standards will be accredited for 3 years from the certification date. Navy has used an accreditation process since 1994; however, in 2002 the standards and process were thoroughly revised with concurrence by FFSP Regional Program Managers to ensure that the process would be applied Navy-wide. Interim standards and program guidance were distributed in January and April 2003.

3. Discussion

a. Appendix H of reference (c) provides a list of acronyms and descriptions used extensively through this instruction.

b. This instruction is provided to ensure that the entire regional or installation FFSP, which includes Fleet and Family Support Centers (FFSC); Family Advocacy Program (FAP) Centers;

and Counseling, Advocacy, and Prevention Services, meets uniform standards for management, delivery of service, and performance of functions. The tools in references (c) and (d) and enclosure (1) are to provide maximum uniformity and effectiveness in the assessment of the FFSP on these standards. References (c) and (d) are available at www.persnet.navy.mil/pers66/index.htm. FFSP activities shall be assessed using the specific standards appropriate to the program being assessed.

4. Scope. This instruction applies to all Navy regions, commands, and installations which operate FFSPs. References (c) and (d) and enclosure (1) address the FFSP Accreditation Program and supplement references (a) and (b) for the Navy FFSP Accreditation Program.

5. Responsibilities

a. Commander Navy Installations (CNI) Personnel Support Division shall

(1) plan and budget for adequate financial resources for implementation of this accreditation program.

(2) provide oversight to validate that the accreditation program fulfills policy requirements.

(3) serve as member of the FFSP Accreditation Program Advisory Council (APAC) to verify that the standards and process are implemented equally throughout Navy.

b. Commander, Navy Personnel Command (COMNAVPERSCOM) (PERS-66) shall

(1) implement and manage the FFSP Accreditation Program per the guidance provided in references (c) and (d), and enclosures (1) and (2).

(2) provide resource requirements for program implementation and management to CNI.

(3) provide logistical support, travel and per diem funds, and schedule accreditation team site visits, team member training, and advisory council meetings.

(4) facilitate training of accreditation team members and leaders and provide a quality assurance program that includes evaluation by team members, team leaders, and FFSP staff per guidance in reference (d).

(5) receive and review team site reports, monitor follow up actions, determine when such actions have been met and confer accreditation status, and provide a Certificate of Accreditation per established timeframes.

(6) identify trends and issues from visits indicating training needs or clarification requirements for FFSPs and provide them at least annually to CNI for dissemination to Regions.

(7) prepare and provide an annual report draft to the APAC for review and approval.

(8) post the Annual Accreditation Report on the FFSP website.

c. Regional FFSP Managers and applicable over the horizon commands shall

(1) nominate peer reviewers from FFSP for accreditation team membership and training to NAVPERSCOM (PERS-66), via the chain of command.

(2) assist NAVPERSCOM (PERS-66) in the scheduling of FFSP accreditation site visits.

(3) coordinate and assist sites as needed for pre- and post-accreditation requirements per references (c) and (d).

d. FFSP Directors/Site Managers shall

(1) ensure the FFSP complies with all standards as a routine business practice.

(2) ensure the center and staff are adequately prepared for scheduled accreditation site visits.

(3) assist with logistic arrangements for the visiting team.

(4) comply with required follow up actions and ensure that documentation of completion is provided to the NAVPERSCOM (PERS-66) program manager per chain of command procedures and established timelines.

e. An FFSP APAC shall

(1) be established per the guidance in reference (d) and as provided in enclosure (2).

(2) annually review the FFSP Accreditation Program to monitor the application of the program and ensure quality control, identify and review trends noted in the application of standards and procedures, and change or create standards and procedures as required by program changes or process improvements, providing programmatic recommendations to NAVPERSCOM (PERS-6) for action.

(3) receive and adjudicate any process appeals.

(4) review any FFSPs unable to meet accreditation standards and make recommendations to the appropriate Regional Commander via CNI (N2) for action.

(5) review and approve an annual Accreditation Program Report prepared by NAVPERSCOM (PERS-66).

6. Forms. Forms for the FFSP Accreditation Program are available at www.persnet.navy.mil/pers66/index.htm.

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FR15 (SUPPORT ACTIVITY, RESFOR)
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FT18 (SUPPORT UNIT)
FT31 (TRAINING CENTER)
FW6 (SUPPORT ACTIVITY, NDW)

**FLEET AND FAMILY SUPPORT PROGRAM (FFSP)
ACCREDITATION STANDARDS**

1. CAPABILITY. Deployment/Readiness. Includes command consultation and support, information, resource and referral, deployment and mobilization support, ombudsman support, life skills education, and the new parent support program.

1.1. STANDARD. Command Consultation and Support. Fleet and Family Support Program (FFSP) demonstrates that it provides outreach and liaison to ashore and afloat commands through on-going contacts and outreach with the commands they serve. Examples include meetings, correspondence, feedback from surveys, command outreach program, etc.

1.2. STANDARD. Information and Referral (I&R) Services. FFSP demonstrates that it coordinates with other military and community agencies in the collection of accurate information and sharing of resources. Customers are provided accurate information and referral services. Minimally includes Exceptional Family Member (EFM) Program, non-support, schools, social services, child care, housing, emergency services, health and medical services, ombudsman and volunteer opportunities.

1.3. STANDARD. Deployment and Mobilization Support. FFSP demonstrates that it offers deployment and mobilization support to address deployment-related issues and responds to customer-/command-identified needs (e.g., activated reservist support, command ombudsman, family group support, pre-deployment, deployment, return and reunion, and post-deployment).

1.4. STANDARD. Ombudsman Support. FFSP demonstrates that it supports the Ombudsman Program by maintaining the Ombudsman roster and by coordinating standardized Ombudsman training, informing commands on the effective use and recognition of the Ombudsman, and by providing logistical and administrative support and consultation to the Ombudsman.

1.5. STANDARD. Life Skills Education. FFSP demonstrates that it offers personal and family life skills education and prevention programs based on formal and informal needs assessments, available community resources, participant feedback, and management evaluation. At a minimum, content

should address communication, parenting, relationships, stress management, anger management, suicide prevention, and new spouse orientation.

1.6. STANDARD. New Parent Support Program (NPSP). NPSP services are provided by the FFSP staff or by referral to other military or civilian programs, when available. Services include identification, screening, information and referral, assessment, and home visits/group/individual education for new and expectant parents. If a NPSP position is on staff, local/regional standard operating procedures (SOPs) and practices will include services provided, records management, and data collection. If a dedicated position is not on staff, the FFSP will, at a minimum, provide resource listings of military and civilian agencies that offer NPSP services.

2. CAPABILITY. Crisis Response. Includes crisis intervention, disaster and threatcon preparedness, sexual assault victim intervention, clinical counseling, victim advocacy, family advocacy and related education and training.

2.1. STANDARD. Crisis Intervention and Disaster and Force Protection Condition (FPCON) Preparedness. FFSP demonstrates contingency planning to respond to crises, large-scale incidents, and disasters. SOPs and practices include the following:

a. Information and guidelines for the staff to effectively direct clients to appropriate services, including after hours availability. A telephone answering machine or forwarding services provides 24-hour coverage of emergency information.

b. Distinguishes among

(1) crisis intervention (suicide, homicidal clients, sexual assault, loss of life, etc.).

(2) large scale incidents (hurricanes, fires, training or war time accidents, terrorist attacks, repatriation, mobilization, etc.).

c. Delineation of the roles and responsibilities of the FFSP in relation to other military and civilian organizations providing assistance (e.g., Red Cross, Navy and Marine Corps

Enclosure (1)

Relief Society, Navy League, Reserve and National Guard Components, Chaplains).

d. FFSP roles and responsibilities related to crisis intervention and disaster and FPCON preparedness are included in a base and regional instruction.

2.2. STANDARD. Sexual Assault Victim Intervention Program (SAVI). FFSP roles and responsibilities for the SAVI Program are identified in a local and regional instruction, per Department of Defense and Department of the Navy directives, and the FFSP demonstrates compliance.

2.3. STANDARD. Clinical Counseling

a. Professional clinical assessment and counseling services are offered at the FFSP and include individual, couple, group and family counseling and are provided per assessed client needs, and within the skill capability of FFSP staff. Services offered are short-term, solution-focused rather than long-term which is designed to effect overall personality change. Services include assessment, diagnosis, and treatment planning, as well as, the initiation, alteration, or termination of a course of clinical care. Treatment plans are problem-focused and short term with specific and behavioral goals.

b. If other than a V code or adjustment disorder is indicated for Axis I or Axis II, the clinician notes this as a "rule out" diagnosis and makes appropriate referral. Clients presenting with emotional and behavioral issues indicating the need for medical intervention and long-term treatment are referred to appropriate military or civilian resources. If client is referred back to the FFSP from a mental health or medical program after psychiatric/medical evaluation and treatment is initiated, documentation will show ongoing collaboration with the medical provider. Treatment plans in these cases are still problem focused, with specific behavioral goals. FFSP counseling will not be provided solely to monitor the client's mental status.

c. Local and regional SOPs and practices are consistent with Navy directives and include:

Enclosure (1)

(1) guidelines and approval authority for appropriate number of sessions, referral, and termination. (Counseling for Family Advocacy Program (FAP)-referred clients is in keeping with Case Review Committee (CRC) recommendations and is not time-limited.)

(2) procedures (that include after-hours) for providing crisis intervention for emergent situations including suicidal/homicidal risk, sexual assault, child abuse/neglect and spouse abuse.

(3) procedures for accepting clients, initial screening, referrals to and from other resources, command referrals, follow-up, and wait list management.

(4) a system for consistent case documentation and organization. Case documentation is completed within 2 working days after counseling sessions/contacts, is typed or legible, organized, signed, and dated.

(5) all contacts, clinical actions, services, progress towards goals/modification of the treatment plan, referrals, and closing summaries are documented. (In FAP cases, the Risk Focused Assessment Report and Case Review Committee Findings completed at case closure may constitute the closing summary if the summary information is included.)

(6) for command-referred members, there is evidence that the counselor has provided required feedback.

2.4. STANDARD. Clinical/FAP Record Keeping. FFSP demonstrates that procedures and practice are in place for the confidential preparation and controlled access for maintenance, storage, temporary removal, and management of clinical/FAP records (paper and electronic).

a. All information and files concerning clinical/FAP clients are locked in designated filing cabinets when unattended. Electronic files are protected by passwords. Retention and disposal of files is consistent with Navy records management.

Enclosure (1)

b. FAP information is maintained using the Privacy Act Systems Notice (N01754-1) available at <http://privacy.navy.mil/noticenumber/index.html>.

2.5. STANDARD. Credentialing and Clinical Supervision. All clinical providers have undergone credentials review (or applied for), are privileged as recommended by the Corporate Privileging Authority, and practice is commensurate with their level of qualifications (Tier I, II, or III). Supervision is documented as follows:

a. Written plans of supervision are developed for Tier 1 providers that include, at a minimum, scope of care permitted, level and type of supervision provided, name of supervisor, evaluation criteria, frequency of evaluations, and co-signature of all clinical documentation (clinical notes, treatment plans, etc.) by a Tier III privileged provider.

b. Independent clinical decisions are made only by Tier II and III privileged providers. Only Tier II and III providers may independently lead a clinical group.

c. Clinical supervision provided to Tier I clinical providers is documented in the provider's facility Individual Credential File (ICF). When peer review/consultation is sought by privileged providers with respect to specific cases, "peer consultation obtained" is documented in the case record. Regular peer review/case presentation among privileged providers is noted in the facility Quality Assurance file (if distinct from quarterly clinical care review).

d. Facility ICFs and Individual Professional Files (IPFs) contain all required materials per Credentials Review and Clinical Privileging Implementing Guidance, including current State licenses/certifications; privileging information including all forms and documentation submitted to/received from the Corporate Privileging Authority and Designated Privileging Authority; a record of clinical supervision (Tier I providers) received; quality assurance forms, information, and surveys specific to the provider; and information related to Critical Incident Review Committees, investigations, Peer Review Panels, and adverse privileging actions specific to the provider.

Enclosure (1)

e. Clinical workload (including direct and indirect service) is documented to support current competency.

2.6. STANDARD. Family Advocacy Program (FAP). The FAP is responsible for the identification, intervention, and prevention of child and spouse abuse in military families. A local and regional instruction and practice is consistent with DoD and DON directives. The responsible commander signs the instruction. Instruction includes and practice demonstrates:

- a. scope of services offered.
- b. role and responsibilities of the Family Advocacy Officer (FAO), Family Advocacy Representative (FAR), Family Advocacy Committee (FAC), the CRC, and other involved agencies.
- c. FAC meets at least quarterly and CRC at least monthly, both perform required functions, and both have required membership.

2.7. STANDARD. FAP Education and Training. Family violence education programs are provided.

a. Program topics are per Navy directives and targeted to specific groups or purposes. These include military personnel (installation and tenant commanding officers, executive officers, command points of contact, command master chiefs, servicemembers); CRC members; FAC members; FAO; civilians, contractors and volunteers who work with children; military law enforcement; legal; medical; chaplains; FAP providers and educators; other first responders; and family members.

b. Secondary prevention programs are provided in-house or by referral to focus on established risk and protective factors (e.g. anger management, parenting skills).

2.8. STANDARD. FAP Assessment and Case Management. Local/regional SOP and practice include:

a. assessment and management of alleged child and spouse abuse cases using the Navy Risk Assessment Model (NRAM), Families in Need of Service (FINS) guidance, records management guidance, and OPNAVINST 1752.2A.

Enclosure (1)

b. completion of all required notifications. FAP incident data is forwarded to NAVPERSCOM (PERS-661), Navy Central Registry, as required.

c. Completion of pre- and post-CRC notifications and minutes. (Standard 2.6 deals with CRC minutes.)

d. Cases are presented for closure only after consideration of NRAM guidelines and consultation with other involved agencies and professionals.

e. FAP insures that families are provided/referred to CRC-recommended interventions.

f. Procedures required when dealing with military (e.g., security, Navy Criminal Investigative Service (NAVCRIMINVSVC), and civilian Child Protective Services (CPS)) agencies in the investigation and assessment of family violence.

g. Criteria and documentation required to provide for victim safety (i.e., Military Protection Orders, coordination with CPS, shelters, safe homes, etc).

2.9. STANDARD. FAP Interviews. FAP interviews are conducted per instruction/policy guidance and address the parameters below. Local and regional SOPs and practices include:

a. when spouse abuse victims are interviewed, FAP notifies victim of their rights and the services available to them, completes safety assessment and recommends safety measures, as indicated, and interviews victims separately.

b. when alleged offenders are interviewed, FAP receives and documents consent from NAVCRIMINVSVC prior to interviewing alleged offenders who are under investigation by NAVCRIMINVSVC, and observes applicable rights of alleged offenders.

c. policies and procedures for interviewing children i.e., parental consent (except when ordered by the installation CO to protect the health and safety of the child(ren)) and coordination with CPS and law enforcement, where applicable.

Enclosure (1)

d. in both child and spouse abuse cases, children in the family are assessed and provided intervention services (as indicated by the assessment) or referrals are made to other military/civilian agencies/providers for the assessments/interventions.

2.10. STANDARD. Victim Advocacy

a. Whether the FFSP has a FAP Victim Advocate (FVA) position or not, victim advocacy services are provided either by FFSP staff or by referral to other military or civilian programs, when available. Services include safety assessment/planning, information to victims on available benefits and services, and referrals to military and civilian victim assistance services or individual/group support programs.

b. If a FVA position is on staff, the FVA serves as a supportive resource and advocate for the expressed interests of victims and provide additional specialized services such as transportation for clinical/medical appointments and accompaniment to court proceedings. The FVA documents contacts made, services provided, and actions taken in the victim's FAP/FINS/information and referral case record.

3. CAPABILITY. Career Support/Retention. Includes relocation and transition assistance, spouse employment, and personal financial management.

3.1. STANDARD. Relocation Assistance Program (RAP). FFSP demonstrates coordination with other Continental United States (CONUS) and Outside Continental United States (OCONUS) base organizations, has an active RAP Coordinating Committee, and provides relocation services for outbound and inbound personnel. Outbound and inbound services include (where appropriate to the location/mission) the maintenance and distribution of up-to-date Standard Installation Topic Service (SITES) information, pre-departure classes/briefings, CONUS and OCONUS cultural and community orientation, intercultural relations training, homeport change assistance, and individual assistance for client needs.

Enclosure (1)

3.2. STANDARD. Transition Assistance Management Program

(TAMP). FFSP demonstrates the availability of career planning, financial management during transition, employment assistance, clinical counseling referrals for the social and emotional issues connected with transition, and skill-building classes and workshops to transitioning/retiring personnel and family members.

a. FFSP provides Transition Assistance Program (TAP) Seminar and demonstrates coordination with command career counselors.

b. Information technology is in place at the FFSP and customers have access, at a minimum to DoD Job Search, Transition Bulletin Board, America's Job Bank, and access to web sites such as Lifelines, Transportal, and Stay Navy.

c. The TAMP Coordinating Committee meets quarterly (may be combined with RAP).

d. Maintain and provide accurate information regarding employment, education, volunteer opportunities, and licensing/credentialing requirements.

3.3. STANDARD. Spouse Employment Assistance Program (SEAP).

FFSP demonstrates that it provides, or refers family members to, skill building classes and workshops and employment-focused assistance including career planning and education, financial management, and employment assistance. FFSP maintains and provides accurate and timely information regarding employment, education, volunteer opportunities, and licensing/credentialing requirements for persons seeking employment.

3.4. STANDARD. Personal Financial Management (PFM). FFSP demonstrates that it provides or refers customers to financial services to include counseling, financial education, and other services to promote financial stability. A minimum of one FFSP staff person has received Command Financial Specialist (CFS) training and PFM case records include financial assessments and a recommended plan of action. If designated as a training site, CFS training is provided per instruction.

Enclosure (1)

4. CAPABILITY. Program Management. Includes administrative and management responsibilities, related personnel, financial, facility, procurement, training, strategic planning, program assessment and evaluation, contract management, marketing, partnerships, management information, and volunteer/retired activities.

4.1. STANDARD. Personnel Management

a. Director activates and follows through with personnel actions (applies to civilian personnel only).

b. FFSC management monitors work load and work schedules to avoid excess staffing, overtime, and duplication of function. There are on-going reengineering efforts to achieve efficiencies while maintaining high quality and implementing the Most Efficient Organization (MEO) (applies to active duty, civilian, and contract employees).

c. Records are maintained at the work site for staff, volunteers, and active duty and include training records, documentation of licenses, credentials/privileges, and background checks (applies to active duty, civilian, and contract employees).

d. Background checks for clinical staff and others who routinely work with children under the age of 18 have been initiated or completed. Where checks are incomplete, applicable providers do not provide unsupervised services to children. Management tracks and documents status for all required checks (i.e., installation records check, State Criminal History Repository (SCHR), National Agency Check (NAC/NACI), and 5-year recheck Defense Criminal Index (DCII) (applies to active duty, civilian, and contract employees)).

e. Staff receives formal/informal training (either in-house or using other training sources, as appropriate) and guidance in order to perform the duties of their positions (e.g., orientation, job-related skills, cross-training, and professional training (applies to active duty, civilian, and contract employees)).

Enclosure (1)

f. Conflict of Interest. Procedures are in place and monitored to preclude potential conflict of interest by staff and volunteers. This includes unauthorized solicitation by members of outside organizations (applies to active duty, civilian, volunteer, and contract employees).

g. Volunteer Program Management. FFSP manages the volunteer program, where volunteers are being used at the FFSP, including recruitment, assignment, supervision, evaluation, recognition, and documentation and reporting of volunteer hours.

h. Retired Activities Office (RAO). When assigned to the FFSC, staff members demonstrate that support services are provided for the Retired Activities Program. This includes access to work spaces, materials, and equipment.

i. Intern Program. When an intern program is used, FFSP demonstrates the use of local and regional standard procedures for student interns including selection, orientation, supervision, and evaluation processes. Procedures include use of written agreements outlining respective responsibilities of the FFSP, student, and educational institution and a written supervisory plan. A Tier III licensed/privileged provider supervises clinical interns.

4.2. STANDARD. Financial Management

a. FFSC provides input into the local and regional Appropriated Fund (APF) budget process and DoD and DON reimbursable funding process and has copies of related portions of the most recent approved funding controls and reports.

b. FFSC management monitors the status of APF execution and can articulate (and has documented) current APF funding status, shortfalls, and subsequent impact. Unfunded, mid-year, Program Objective Memorandum (POM), and other data-call requirements have been identified and submitted through the appropriate chain of command.

c. Management ensures all purchases are made per DoD and DON procurement regulations.

Enclosure (1)

4.3. STANDARD. Marketing. An implemented marketing plan includes targeted communication strategies and distribution of advertising and public relations materials that are used to inform commands, military and family members of the availability of FFSP information, programs, services, locations, hours of operation, etc. A process is used to periodically review accuracy, marketing effectiveness, and cost-effectiveness of material and distribution.

4.4. STANDARD. Facility and Equipment Management. Management demonstrates that it attempts to ensure the security and proper maintenance of facilities, grounds, furnishings, equipment, and all applicable vehicles.

a. Complies with local fire and safety requirements and follow up with any recommendations or discrepancies.

b. Office equipment and furnishings enable staff to perform their jobs (e.g., phone and fax lines to accommodate population served, computers, printers, internet access, copy machines, voice mail, and locking file cabinets (for sensitive material)).

c. Management tracks, monitors work order requests, and assesses quality of services provided to the facility by other base support contracts (e.g., custodial) and reports problems to the contracting officer.

d. FFSC is accessible to clients with disabilities per applicable laws and regulations. If not in compliance, a plan is approved to achieve compliance and to provide service to persons with disabilities in the interim.

4.5. STANDARD. Contract Management. The FFSP director ensures that if FFSP includes local or OMNIBUS Contractors, the staff member designated as a Contracting Officer's Representative (COR), Assistant Contracting Officer's Representative (ACOR)/ Contract Technical Assistant (CTA) has a letter of appointment from the contracting officer and a certificate of training. The COR, ACOR, or CTA demonstrate they monitor and document contract performance. The COR has a process in place for validating and certifying invoices. The OMNIBUS Contract COR is located at NAVPERSCOM (PERS-66). The local person responsible shall be appointed as CTA. General Service Administration (GSA)

Enclosure (1)

Management, Organizational and Business Improvement Services (MOBIS), or Interservice Supply Support Operations Team (ISSOT) contracts are monitored per local command procedures.

4.6. STANDARD. Quality Assurance (QA). A written quality assurance plan includes procedures for implementing clinical and non-clinical records audits, clinical care reviews, quality improvement plans for clinical providers, supervision/consultation of all clinical providers, customer (client and command) evaluation and feedback, program evaluation, and needs assessments to improve services and short and long term delivery methods. The QA plan is reviewed/modified at least annually.

a. Clinical Counseling/FAP. (Cross reference with Standard 2.5, Credentialing and Clinical Supervision.)

(1) Ensure a facility QA file is maintained that summarizes the results of records audit and clinical care review. This summary includes the number of records reviewed, the number of records requiring follow-up action, any negative facility QA trends identified, actions taken to correct negative facility trends, when all recommended actions were completed, and dates of regularly occurring peer consultation/case presentation for Tier II or Tier III providers.

(2) Clinical/FAP Records Audits and Clinical Care Reviews. The QA plan includes randomly selected quarterly record reviews of 10 percent of all open cases and 5 percent of cases closed for the quarter, with a minimum of 5 cases total per provider (three open and two closed that quarter). Results of both records audits and clinical care reviews and follow-up actions are documented in the provider's Facility Individual Credential File (ICF) and Individual Professional File (IPF). A statement of compliance/negative trends with regard to a particular provider and follow-up actions are documented in the provider's facility ICF/IPF.

(3) Administrative Records Audit. The Director/Site Manager or designee is responsible for ensuring quarterly administrative audit to ensure all required documentation is present, complete, and conducted in a timely manner.

Enclosure (1)

(4) Clinical Care Review. A clinically privileged practitioner reviews case records for each clinical provider to ensure the appropriateness of initial assessment, case notes, safety plans, treatment plans, actions taken, recommendations, referrals, and recommendation for the termination of treatment.

(5) Procedures are in place for Critical Incident Review Committee investigation and notification of alleged clinical provider impairment/misconduct and adverse actions.

(6) When QA efforts indicate a recurrent or unremitting negative trend for individual providers, the facility efforts to rectify the situation are documented. This may include use of a written quality improvement plan. The purpose of this is to improve the quality of clinical care, thereby avoiding the possibility of adverse privileging action. The supporting Human Resource Office should be consulted.

b. Non-Clinical Client Records: (PFM, NPSP, SEAP, TAMP, RAP). Audits include an administrative review of, at a minimum, signed Privacy Act and documentation as required by pertinent instructions and local SOP.

c. Program Evaluation/Needs Assessment

(1) NAVPERSCOM (PERS-66) periodic Navy-wide needs assessment is supplemented with formal and informal needs assessment and customer (clients and command) service feedback are used to evaluate, revise, develop, and improve programs and service delivery methods.

(2) FFSP ensures programs and services comply with current instructions, guidance, and policy. An annual review of SOPs includes updating information, ensuring non-duplication of services, and includes revisions and quality improvements gathered from evaluations and feedback.

4.7. STANDARD. Data Collection. FFSP demonstrates that it has a system in place to routinely collect, update and delete data as necessary. Required data is submitted by the required due date(s).

Enclosure (1)

4.8. STANDARD. Privacy Act Provisions. Prior to client disclosure of private information, provisions are explained to clients. Forms are signed by clients and witnessed by service providers. In extenuating situations when a signature is not available (i.e., when a FAP client refuses to sign) the refusal is documented on the form. When a FAP client is initially interviewed on the telephone, Privacy Act provisions are explained verbally and documented. The reason for the lack of signature is documented. Privacy Act provisions should be explained to child clients in understandable terms. A custodial parent is required to sign/co-sign for minor children.

a. Personal Reliability Program (PRP) clients are identified on the Privacy Act form and FFSP demonstrates compliance with PRP reporting requirements.

b. Disclosures are made and documented in the record per the Privacy Act.

NOTE: An individual has the right to access the disclosure accounting, except when the disclosure occurred at the request of a law enforcement agency (SECNAVINST 5211.5D, section 14F).

4.9. STANDARD. Community Partnerships. Cooperative and collaborative working relationships are established with civilian and military agencies to facilitate a coordinated response to both complex and ongoing family issues and to advocate for the military family.

**FLEET & FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION PROGRAM
ADVISORY COUNCIL (APAC) OPERATING CHARTER**

1. Purpose

a. The FFSP APAC is established to provide an effective method of obtaining chain of command input and recommendations to assist in the on-going accreditation of FFSP, which meets Secretary of the Navy (SECNAV) requirement for triennial program reviews.

b. APAC functions as a program advisory source by making recommendations to the NAVPERSCOM (PERS-6) Program Manager concerning accreditation standards and the effective implementation of the accreditation process. APAC acts only in an advisory capacity and does not engage in the management and operation of FFSP management.

2. Membership and Organization

a. In an effort to ensure APAC membership represents the interests of Navy, representatives are appointed as follows:

(1) Permanent Membership

- (a) CNI
- (b) NAVPERSCOM (PERS-660)
- (c) NAVPERSCOM (PERS-661)

(2) One Representative from each of the following Regions:

- (a) Northeast
- (b) Southeast
- (c) Mid-Atlantic/NAVDIST WASHINGTON
- (d) South/Gulf Coast
- (e) Northwest

(f) Southwest

(g) Europe/Southwest Asia

(h) Pacific (includes Hawaii, Guam, Japan, Korea, Logistic Western Group (LOGWESGRU))

b. The priority for selection of representatives should be knowledge, expertise, and on-gong involvement with the FFSP Accreditation Program (including Family Advocacy).

c. The Chair will be elected at the initial meeting and serve for 2 years.

3. Responsibilities

a. APAC's responsibilities include:

(1) review all formal appeals.

(2) review all denials and make recommendations.

(3) review all statistics to determine trends (number of accreditation reviews, actions required, denials, and other data regarding accreditation findings).

(4) review of aggregate evaluation results (team members, team leaders, NAVPERSCOM (PERS-660) feedback and actions taken).

(5) review of standards and handbook information.

(6) review of process issues (especially based on aggregate evaluation trends).

(7) review of calendar, schedule of site visits, team member/leader selection and assignments.

(8) make recommendations to NAVPERSCOM (PERS-6) on recommended changes (either policy, team selection, site selection, or process oriented).

Enclosure (2)

b. The Chair presides at all Accreditation Advisory Council meetings and is responsible for ensuring the council meets as needed but at least annually.

c. NAVPERSCOM (PERS-660) is responsible for advising all representatives of the meeting time and date. The Chair and NAVPERSCOM (PERS-660) will develop the agenda based on input solicited from council members. NAVPERSCOM (PERS-660) is responsible for ensuring council members are provided the information discussed at the annual meeting to be held in the December/January timeframe in sufficient time for members to evaluate the material and provide effective feedback.

d. The Chair is responsible for preparing the meeting minutes and forwarding the minutes to NAVPERSCOM (PERS-6) for approval. NAVPERSCOM (PERS-660) is responsible for distributing meeting minutes to council members and the chain of command for information.

4. Effective Date. APAC will go into effect in fiscal year 2004. The Accreditation Working Group established by NAVPERSCOM (PERS-6) will assume the responsibilities until the APAC is fully operational.